

<b><i>Interview Summary</i></b>	<b>Application No.</b>	<b>Applicant(s)</b>
	10/676,637	WILKINSON ET AL.
	<b>Examiner</b> Thanhnga B. Truong	<b>Art Unit</b> 2135

All participants (applicant, applicant's representative, PTO personnel):

(1) Thanhnga B. Truong. (3) \_\_\_\_\_.

(2) Ms. Mary Jo Bertani. (4) \_\_\_\_\_.

Date of Interview: 23 July 2008.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1,5,11,42,46,48,57,61,63,72,76 and 78.

Identification of prior art discussed: N/A.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant has agreed and authorized examiner to incorporate the limitation of claims 5 and 11 into independent claim 1, claims 46 and 48 into claim 42, claims 61 and 63 into claim 57, claims 76 and 78 into claim 72, and to cancel claims 5, 11, 46, 48, 61, 63, 76, and 78.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Thanhnga B. Truong/  
Primary Examiner, Art Unit 2135  
Examiner's signature, if required

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.